| PATENT APPLICATION FEE DETERMINATION RE<br>Effective December 8, 2004  |  |   |   |                               |             |                                |             | ORD                 | Application or Docket Number |         |                     |                        |    |
|--|--|---|---|-------------------------------|-------------|--------------------------------|-------------|---------------------|------------------------------|---------|---------------------|------------------------|----|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER                            |  |   |   |                               |             |                                |             |                     |                              |         |                     |                        |    |
|  |  |   | (Colum  | n 1)                          | (           | Column 2)                      |             | TYPE                |                              | OR<br>- | SMALL               | ENTITY                 | 1  |
| U.S  | NATIONAL S                               | STAGE FEES  |   |                               |             |                                |             | RATE                | FEE                          |         | RATE                | FEE                    |    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150   |                               | LARG        | SE ENT. = \$ 30                | »           | BASIC FEE           |                              | OR      | BASIC FEE           | 300                    | ٠. |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)<br>(4) = \$ 50 / \$ 100                     |                               |             | her alturations<br>100/\$ 200  | 7           | EXAM. FEE           |                              | 1       | EXAM. FEE           | 2000                   |    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / 8 400 |                               |             | her situations<br>250 / \$ 500 | -           | SEARCH FEE          |                              |         | SEARCH FEE          | 400                    |    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                               |             | / 50 =                         |             | X \$ 125 =          |                              | 1       | X \$ 250 =          | /                      |    |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20 =  |                               | ٠           | 1                              |             | X \$ 25 =           |                              | OR      | X \$ 50 =           | /                      |    |
| INDEPENDENT CLAIMS   |  |   | minus 3 =   |                               | •           | 7                              |             | X \$ 100 =          |                              | OR      | X\$200=             | /                      |    |
| MUL  | TIPLE DEPEN                              | DENT CLAIM PRI  | ESENT   |                               |             | ī                              | + \$ 180 =  |                     | OR                           | +\$380= | /                   |                        |    |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                               |             |                                |             | TOTAL               |                              | OR      | TOTAL (             | 20D                    |    |
| CLAIMS AS AMENDED - PART II  1~19-06 (Column 1) (Column 2) (Column 3)  |  |   |   |                               |             |                                | 3)          | SMALL I             | ENTITY                       | OR      | OTHER<br>SMALL E    |                        |    |
| AMENDMENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER         | PRESENT<br>EXTRA               |             | RATE                | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |    |
|  | Total                                    | . 8   | Minus   | - 2                           | 0           | = \                            |             | X \$ 25 =           |                              | OR      | X \$ 50 =           |                        |    |
|  | Independent                              | • /   | Minus   | - 3                           | ;           | a \                            |             | X \$ 100 =          |                              | OR      | X \$ 200 =          |                        |    |
|  | FIRST PRES                               | ENTATION OF M   | ULTIPLE DEP   | LTIPLE DEPENDENT CLAIM        |             |                                |             | + \$ 180 =          |                              | OR      | + \$ 360 =          |                        | ·  |
| N 2817   |  |   |   |                               |             |                                |             | YOYAL ADDIT.<br>FEE |                              | OR      | TOTAL ADDIT.<br>FEE |                        |    |
| $\mathcal{L}$  | 10Y) U                                   | (Column 1)  |   | (Colum                        |             | (Column                        | 3)          |                     |                              |         | •                   |                        |    |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>WSLY | PRESENT<br>EXTRA               |             | RATE                | ADDI-<br>TIONAL<br>FEE       |         | RATE                | ADDI-<br>TIONAL<br>FEE |    |
|  | Total                                    | . 4   | Minus   |                               |             |                                | 7           | X \$ 25 =           |                              | OR      | X \$ 50 =           |                        |    |
|  | Independent                              | • /   | Minus   |                               | <u>5</u>    | •                              | -           | X \$ 100 =          |                              | OR      | X \$ 200 =          |                        | /  |
|  | FIRST PRESENTATION OF MULTIPLE DEPEN     |   |   | ENDENT                        | MIAL        |                                |             | +\$ 180 =           |                              | OR      | \$ 360 =            |                        |    |
|  | •  | ٠.  |   |                               |             |                                | <del></del> | TOTAL ADDIT.<br>FEE |                              | OR      | TØTAL ADDIT:<br>FEE |                        |    |
| ***  | if the "Highest Nu<br>If the "Highest Nu | umn 1 is less than the<br>umber Previously Pal<br>umber Previously Pal<br>umber Previously Pald | d For IN THIS SE<br>d For IN THIS SE                                    | ACE is test                   | than '3'    | 7, enter "20".<br>. enter "3". | wnd in t    | he appropriate box  | r in column 1.               |         |                     |                        |    |